

Significant Challenges for 2005

- Align clinical operations to achieve outcome indicators consistent with Ohio and national TB objectives.
- Using surveillance data, develop strategies to identify quickly and treat to completion new active TB cases .
- Improve Latent TB Infection (LTBI) case management and tracking processes, especially in the area of contacts being placed on and completing treatment for LTBI.
- Identify TB case rates in the U.S.-born, African-American population. Identify and implement strategies to decrease that case rate.
- Improve the initiation and completion rates for treatment of LTBI in immigrant African and Latino populations.
- Increase physician involvement in the case management of active TB and LTBI cases.
- Assure that medical, pharmaceutical, and social needs of the patients served by the program are met in a culturally competent manner.
- Continue to provide leadership for TB policy and legislative issues development.



Serving Columbus and
Franklin County residents

Tuberculosis (TB) is a communicable disease caused by the bacillus *Mycobacterium tuberculosis* (*Mtb*).

Persons who are infected, but not sick or contagious have Latent TB Infection (LTBI). About 10% of people with LTBI will go on to develop active TB disease in their lifetime. A medication called Isoniazid (INH), taken daily for nine months, kills the Latent TB germ.

Contacts of active TB cases are at the greatest risk to develop active TB disease within two years of exposure.

Failure to complete treatment for LTBI can lead to active TB disease and non-compliance with the active TB disease regimen can lead to multidrug-resistant (MDR) TB.

In addition there were 140 cases of *Mycobacterium Other Than TB* (MOTT) in 2004. Some are treated as *M.tb* if risk factors indicate to do so. There were 52 cases of *M. gordonae* and 50 cases of *M. avium*.



Mayor Michael B. Coleman
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Ben Franklin Tuberculosis
Control Program

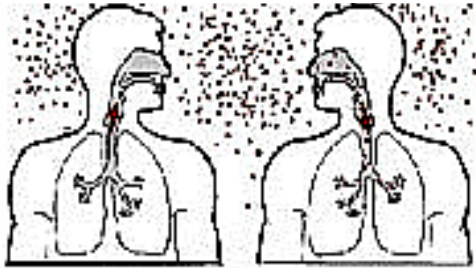
2004 Annual Report



Keeping Columbus and Franklin
County informed and free of
Tuberculosis

Mission

To prevent and control TB in Columbus and Franklin County. This is done through education, screening, treatment, and prevention activities by the TB Control Program.

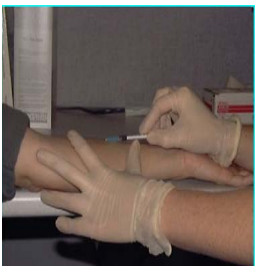


Tuberculosis of the lungs:

A person may contract pulmonary TB by inhaling droplets from a cough or sneeze from a person with active TB disease.

Ben Franklin TB Control Program Goals:

1. Assure that 90% of active TB patients complete treatment within 12 months.
2. Report drug susceptibility results for at least 95% of all newly diagnosed culture-positive TB cases.
3. Assure that 95% of the close contacts of active TB cases are evaluated and that 75% of their infected contacts complete treatment for Latent TB Infection (LTBI).



Mantoux skin test

Tuberculosis in Franklin County

Franklin County had 25% of all Ohio TB cases and has the highest TB case rate in the State, at 5.1 cases per 100,000 residents. To control this public health threat, our programming focuses on education, community outreach, and direct care.

Foreign-born individuals accounted for 67% of all active TB cases in 2004 and many of these individuals immigrated from countries where TB is endemic in the population. The top countries of origin for these patients were Somalia (14), Ethiopia (4), and Mexico (3); India, China, and Mauritania had (2) each. Foreign-born patients from East-Africa comprised 27% of all cases, Asian/Pacific Rim accounted for 16.3%, and West-African patients were 14.5% of all 2004 TB cases.

Years	2004	2003	2002
TB Cases	55	61	59
Case Rate	5.1	5.6	5.4
Ohio TB Cases	219	229	257
Ohio Case Rate	1.9	2.0	2.3
TB Clinic Visits	29,725	27,264	26,341
Outreach Visits	8,493	8,174	7,217
X-Rays	3,645	3,724	3,599
Skin Tests	11,832	10,212	10,003
Medication Visits	5,884	4,314	3,607

Funding Provided by:
Franklin County Commissioners
Ohio Department of Health
City of Columbus

Tuberculosis:
 X-rays of advanced disease



The Ben Franklin TB Program consists of the TB Clinic and the Direct Observation Therapy (DOT) Program. Monthly, the Clinic has 650 patients on treatment for Latent TB Infection (LTBI), conducts 2500 client visits, and places 1000 skin tests. The DOT Program has 50 patients on therapy for active TB disease and conducts education and outreach activities as well.

Think TB! A U.S.-born male with a wife and children, was diagnosed with pneumonia in spring 2004. Antibiotics helped but he became progressively worse and by late fall had lost 30 lbs., had fevers and night sweats, and was coughing up blood. A TB skin test and lung specimens revealed active TB disease in advanced stages. He was then referred to our clinic for management of his TB. He began the standard 4-drug therapy, but his lung specimens did not clear. His specimens were sent to the CDC for further testing. He was placed on a six-drug TB regimen to fight the advanced disease state. While unable to work because of severe illness and infectiousness, a Social Worker assisted with linkage for social services/financial help. A nurse visited him and family members daily to ensure that the TB medications were given correctly, to assess for side effects and clinical improvement, and offer emotional support. His health is now improved and he is able to work to support his family. He will require many more months of anti-TB therapy to be completely cured.

This emphasizes the importance of treating LTBI to prevent active TB disease; thereby keeping these health, social, and economic crises from occurring.

The Tubercle Bacillus

